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DECLARATION (37 CFR 1.63) FOR UTILITY OR DESIGN APPLICATION USING AN **APPLICATION DATA SHEET (37 CFR 1.76)**

Title of Invention	Portable Dispensing	q Pump				
As the below named	As the below named inventor(s), I/we declare that:					
This declaration is di	irected to:					
	The attached application, or					
	Application No.	, filed on,				
	as amended on	(if applicable);				
I/we believe that I/we sought;	e am/are the original and first inventor(s) o	of the subject matter which is claimed and for which a patent is				
I/we have reviewed amendment specification	and understand the contents of the above- ally referred to above;	identified application, including the claims, as amended by any				
material to patentable became available be	I/we acknowledge the duty to disclose to the United States Patent and Trademark Office all information known to me/us to be material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT International filing date of the continuation-in-part application.					
All statements made herein of my/own knowledge are true, all statements made herein on information and belief are believed to be true, and further that these statements were made with the knowledge that willful false statements and the like are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001, and may jeopardize the validity of the application or any patent issuing thereon.						
EL II A NAME OF INIV	(ENTORIO)					
FULL NAME OF INV						
Signature:	Ale & Melson Citizen	en of: <u>USA</u>				
Inventor two: Hi	uch J Reddington					
Signature: <u>Mun</u>	oh J. ald glim Citize	en of: USA				
Signature:	Citiz	en of:				
Inventor four:						
Signature:	Citiz	en of:				
Additional inver	ntors or a legal representative are being named o	additional form(s) attached barata				

This collection of information is required by 35 U.S.C. 115 and 37 CFR 1.63. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 1 minute to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

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POWER OF ATTORNEY and **CORRESPONDENCE ADDRESS INDICATION FORM**

Application Number		
Filing Date		
First Named Inventor	John E. Nelson	
Title	Portsble Dispensing Pump	
Art Unit		
Examiner Name	· · · · · · · · · · · · · · · · · · ·	
Attorney Docket Number	1020	

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	Practitioner(s) named below:					
		Name			Registration I	Number
			-			
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	our attorney(s) or agent(s mark Office connected the		identified ab	ove, and to tra	nsact all business	in the United States Patent and
Please	recognize or change the	е correspondence address for t	he above-ide	entified applica	tion to	
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	Firm or Individual Name			· · ·		
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	City			State		Zip
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	Telephone			Fax	***************************************	· · · · · · · · · · · · · · · · · · ·
I am the: Applicant/Inventor. Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)						
SIGNATURE of Applicant or Assignee of Record						
Name Hugh J. Reddington						
Signature Hunh & Olosalma ten						
Date	9 November 2 \$2003				Telephone 3	15-826-3592
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.						
*Total of 2 forms are submitted.						

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POWER OF ATTORNEY and **CORRESPONDENCE ADDRESS INDICATION FORM**

Application Number	
Filing Date	
First Named Inventor	John E. Nelson
Title	Portsble Dispensing Pump
Art Unit	
Examiner Name	
Attorney Docket Number	1020

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I hereby appoint:					¬ ·
Practitioners associated with	n the Customer Number.		32540)	
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Practitioner(s) named below	<i>r</i> .				
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as my/our attorney(s) or agent(s) to Trademark Office connected there	o prosecute the application with.	identified above,	and to tran	nsact all business in	the United States Patent and
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OR					
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Firm or Individual Name					
Address					
Address					
City			State		Zip
Country					
Telephone			Fax		
I am the: Applicant/Inventor.					
Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)					
SIGNATURE of Applicant or Assignee of Record					
Name John, E. Neison					
Signature, Alle & March					
Date ///J/ November , 2003				Telephone 315	5-826-3592
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.					
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